P.O. Number



Purchase Order			P.O. Date			
Ordered By		Delive	r To			
Company		Company	,			
Address City		Address				
						Country
State/Province		State/Province				
Zip/Postal Code		Zip/Posta	Zip/Postal Code			
Phone Number Fax Number		Phone Nu	Phone Number			
		Fax Number Contact Name				
Contact Name						
Part No.	Description		Quantity	Unit Price	Amount	
Part No.	Description		Quantity	Unit Price	Amount	
					I	
Terms and Conditions			Total			
Cash	sh					
Credit			Shipping Charge			
			Grand Total			
Authorized By						